

**SURGEON GENERAL  
SPEAKER INFORMATION REQUEST FORM**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Referred By: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Conference/Seminar Title: \_\_\_\_\_

Name/Title of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Presentation (Keynote Address/Opening Remarks/Etc.): \_\_\_\_\_

Anticipated Length of Presentation: \_\_\_\_\_

Anticipated Audience (Physicians/Health Officials/Etc.): \_\_\_\_\_

Anticipated Size of Audience: \_\_\_\_\_

Please be as specific as possible as to the specific topics you would like to see addressed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail to: Stella Christian  
Office of the Surgeon General  
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PO Box 30195  
Lansing, Michigan 48909

Or fax to: 517-335-9476